

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF FLORIDA  
Tallahassee DIVISION

**CIVIL RIGHTS COMPLAINT FORM**  
**TO BE USED BY PRISONERS IN ACTIONS UNDER 42 U.S.C. § 1983**

Yolanda Winston  
Inmate # 46154-424  
(Enter full name of Plaintiff)

vs.

Warden  
FCI Aliceville  
PO Box 4000  
Aliceville, AL 35442



CASE NO: 4:17CV117RH-CAS  
(To be assigned by Clerk)

(Enter name and title of each Defendant.

If additional space is required, use the  
blank area below and directly to the right.)

**ANSWER ALL QUESTIONS ON THE FOLLOWING PAGES:**

**I. PLAINTIFF:**

State your full name, inmate number (if applicable), and full mailing address in the lines below.

Name of Plaintiff: Yolanda Winston  
Inmate Number: 46154-424  
Prison or Jail: Tallahassee  
Mailing address: 501 Capital Circle N.E.  
Tallahassee,  
Florida 32301

**II. DEFENDANT(S):**

State the name of the Defendant in the first line, official position in the second line, place of employment in the third line, and mailing address. Do the same for every Defendant:

- (1) Defendant's name: Warden  
Official position: Warden  
Employed at: FCI Aliceville  
Mailing address: PO Box 4000  
Aliceville, AL 35442
- (2) Defendant's name: Tamika Dawson  
Official position: Unit Counselor A3  
Employed at: FCI Aliceville  
Mailing address: PO Box 4000  
Aliceville, AL 35442
- (3) Defendant's name: \_\_\_\_\_  
Official position: \_\_\_\_\_  
Employed at: \_\_\_\_\_  
Mailing address: \_\_\_\_\_

**ATTACH ADDITIONAL PAGES HERE TO NAME ADDITIONAL DEFENDANTS**

**III. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

Exhaustion of administrative remedies is required prior to pursuing a civil rights action regarding conditions or events in any prison, jail, or detention center. 42 U.S.C. § 1997e(a). Plaintiff is warned that any claims for which the administrative grievance process was not completed prior to filing this lawsuit may be subject to dismissal.

**IV. PREVIOUS LAWSUITS**

NOTE: FAILURE TO DISCLOSE ALL PRIOR CIVIL CASES MAY RESULT IN THE DISMISSAL OF THIS CASE. IF YOU ARE UNSURE OF ANY PRIOR CASES YOU HAVE FILED, THAT FACT MUST BE DISCLOSED AS WELL.

- A. Have you initiated other actions in state court dealing with the same or similar facts/issues involved in this action?  
 Yes( ) No( )

1. Parties to previous action:
  - (a) Plaintiff(s): \_\_\_\_\_
  - (b) Defendant(s): \_\_\_\_\_
2. Name of judge: \_\_\_\_\_ Case #: \_\_\_\_\_
3. County and judicial circuit: \_\_\_\_\_
4. Approximate filing date: \_\_\_\_\_
5. If not still pending, date of dismissal: \_\_\_\_\_
6. Reason for dismissal: \_\_\_\_\_
7. Facts and claims of case: \_\_\_\_\_

(Attach additional pages as necessary to list state court cases.)

- B. Have you initiated other actions in federal court dealing with the same or similar facts/issues involved in this action?

Yes( ) No(~~X~~)

1. Parties to previous action:
  - a. Plaintiff(s): \_\_\_\_\_
  - b. Defendant(s): \_\_\_\_\_
2. District and judicial division: \_\_\_\_\_
3. Name of judge: \_\_\_\_\_ Case #: \_\_\_\_\_
4. Approximate filing date: \_\_\_\_\_
5. If not still pending, date of dismissal: \_\_\_\_\_
6. Reason for dismissal: \_\_\_\_\_

7. Facts and claims of case: \_\_\_\_\_

(Attach additional pages as necessary to list other federal court cases.)

- C. Have you initiated other actions (*besides those listed above in Questions (A) and (B)*) in either state or federal court that relate to the fact or manner of your incarceration (including habeas corpus petitions) or the conditions of your confinement (including civil rights complaints about any aspect of prison life, whether it be general circumstances or a particular episode, and whether it involved excessive force or some other wrong)?

Yes( )

No(☒)

If YES, describe each action in the space provided below. If more than one action, describe all additional cases on a separate piece of paper, using the same format as below.

1. Parties to previous action:
  - a. Plaintiff(s): \_\_\_\_\_
  - b. Defendant(s): \_\_\_\_\_
2. District and judicial division: \_\_\_\_\_
3. Name of judge: \_\_\_\_\_ Case #: \_\_\_\_\_
4. Approximate filing date: \_\_\_\_\_
5. If not still pending, date of dismissal: \_\_\_\_\_
6. Reason for dismissal: \_\_\_\_\_
7. Facts and claims of case: \_\_\_\_\_

(Attach additional pages as necessary to list cases.)

- D. Have you ever had any actions in federal court dismissed as frivolous, malicious, failing to state a claim, or prior to service? If so, identify each and every case so dismissed:

Yes( )

No(☒)

1. Parties to previous action:
  - a. Plaintiff(s): \_\_\_\_\_
  - b. Defendant(s): \_\_\_\_\_
2. District and judicial division: \_\_\_\_\_
3. Name of judge: \_\_\_\_\_ Case Docket # \_\_\_\_\_
4. Approximate filing date: \_\_\_\_\_ Dismissal date: \_\_\_\_\_
5. Reason for dismissal: \_\_\_\_\_

6. Facts and claims of case: \_\_\_\_\_

\_\_\_\_\_  
(Attach additional pages as necessary to list cases.)

**V. STATEMENT OF FACTS:**

State briefly the FACTS of this case. Describe how each Defendant was involved and what each person did or did not do which gives rise to your claim. In describing what happened, state the names of persons involved, dates, and places. Do not make any legal arguments or cite to any cases or statutes. You must set forth separate factual allegations in separately numbered paragraphs. You may make copies of this page if necessary to supply all the facts. Barring extraordinary circumstances, no more than five (5) additional pages should be attached. (If there are facts which are not related to this same basic incident or issue, they must be addressed in a separate civil rights complaint.)

attached on back of  
this form.

[Redacted content]

**VI. STATEMENT OF CLAIMS:**

State what rights under the Constitution, laws, or treaties of the United States you claim have been violated. Be specific. Number each separate claim and relate it to the facts alleged in Section V. If claims are not related to the same basic incident or issue, they must be addressed in a separate civil rights complaint.

Fracture great right toe

**VII. RELIEF REQUESTED:**

State briefly what relief you seek from the Court. Do not make legal arguments or cite to cases/ statutes.

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS OF FACT, INCLUDING ALL CONTINUATION PAGES, ARE TRUE AND CORRECT.**

2/28/2016  
(Date)

Yolanda Winston  
(Signature of Plaintiff)

**IF MAILED BY PRISONER:**

I declare (or certify, verify, or affirm) under penalty of perjury that this complaint was (check one):  
☐ delivered to prison officials for mailing or ☒ deposited in the prison's internal mail system on:  
the 28th day of February, 2016.

Yolanda Winston  
(Signature of Plaintiff)

CERTIFICATE OF SERVICE

This is to certify, under penalty of perjury under the laws of the United States of America pursuant to 28 U.S.C. §1746, that I have served a true and correct copy of the foregoing:

Civil Rights Complaint

upon the following address(es) by placing same in a sealed envelope, bearing sufficient postage for delivery via the United States Postal Service, to:

Clerk US District Court  
111 N. Adams St  
Suite 322  
Tallahassee, AL 32301

and deposited it in the postal box provided for inmates on the grounds of the Federal Correctional Institution, Tallahassee, Florida, 32301, on this 28th day of February, 2016.

Yolanda Winston  
Signature

Register No. 40154-424  
Federal Correctional Institution Tallahassee  
501 Capital Circle, N.E.  
Tallahassee, Florida 32301

Litigation is deemed FILED at the time it was delivered to prison authorities. See Houston v. Lack, 487 US 266, 101 L Ed 2d 245, 108 S Ct. 2379 (1988)



Courts,

2/28/2016

On April 13, 2016 approximately around 9:30 - 10:30 Am. I was walking from my room towards the microwave room when I slipped on un-attended water. Officer Cousette was called she asked me what happen. I pointed to the water she sent me to medical. At medical a assessment was done by Nurse Bailey she had my foot X-rayed since it was what hurt after the fall. The Xray technician findings were that my right great toe was fractured. Nurse Bailey buddie taped the two toes together and gave me a Supportive shoe to wear and sent me back to my unit. The next day my toe was really painful. I notice my toe had turn purple. That was a huge concern because I am a diabetic. I went back to medical and saw the doctor. Dr. Griffin he examine my right great toe and look at the xray and confirm what the technician said my right great toe is fracture. He said it couldn't be nailed and I didn't need a cast. He said he recommend the toes stay buddie wrap and wear the supportive shoe. I went with the doctor recommendation. A few weeks later after my fall because of negligence of the prison. I see nothing have been addressed. I also

See a orderly moping the floor with Ice water to make the floor shine the Ice was melting leaving water behind. I went to my Unit Counselor to report what I just saw. I explain to her water left un-attended is what cause my fracture. Her response was that I need to look down when I walk. I then ask for a BPB to start the BP process since nothing was done about my situation. Ms Dawson the Unit Counselor respond back to the BPB. Her findings were not facts. There was not wet floor signs out when I fracture my toe. I told her to review the camera there is a camera in A3 Unit. The first incident that happen when I bruised my buttock is because of un-attended water left on the floor. I was sent to medical about that slip and fall as well. This is the second time I have fallen from

Un-attended water on the floor now I have a permanent injury. I have a loss of mobility in my right foot. I can't run any more, that is something I love to do. When it rains or when it is cold outside I have a constant reminder my toe was fractured because the negligence of the facility not doing their job of monitoring the employees, they hire or checking to see if the employees are checking their work detail periodically or conscientiously and using safety equipment. Had Unit staff monitor their employees I would not have permanent damage and loss of mobility. After I receive a non-factual response back from my BP8. I appeal it and proceed with a BP9. My BP9 continues to come back saying untimely. I responded with a letter dated July 5, 2016 the untimely was addressed to their satisfaction. I had not

received a reply back in a timely manner from the BP 9 to know they were in fact satisfied with the July 5, 2014 letter to address the untimely. By August 8 I proceeded with a BP 10 because their deadline was August 1st I email the Warden and Unit team and still no response until August 22nd. The response back from my BP 10 was no relief for me so I appeal it and proceeded with my BP 11. I was told to start over. If I start over I will be untimely. The untimely was addressed on the August 8th rejection letter. I did not receive their response until August the 22nd, 2014. My Unit Counselor signature is in the right hand corner of the rejection letter dated August 8, 2014 as proof of the day I receive their response. I have tried every thing possible and

Nothing has been done about my permanent injury. I will also like to state at the time of the first incident MS. Dawson was the employee at the facility. MS Harver was the Unit Counselor and a BP 8 was filed with her. I did not proceed with a BP 9 because there was no serious injury at the time. Her findings were not true because she didn't work there. I have taken the necessary steps. I have exhausted all my remedies as required. I am asking the Courts for punitive damages. \$50,000 for lost of mobility \$100,000 for permanent damages \$100,000 for pain and suffering or what the Courts deems necessary and necessary medical attention and/or medications to help with future medical problems that may arise.

Yolanda Winston  
Yolanda Winston

ALI 1330.17  
October 15, 2012  
Attachment A

**INFORMAL RESOLUTION REQUEST (IRR) FORM**

Inmate Name Winston Gordon Register Number 146154-424

**INFORMAL RESOLUTION PROCESS**

Briefly state the specific complaint, including details and facts which support your request and the date on which the basis for your complaint occurred, your recommended resolution, and the actions you have taken and to whom you have spoken to resolve your complaint in Section 1. Return the form to your Correctional Counselor or other Unit Team staff designated by the Unit. If all efforts at informal resolution fail, you will be issued a BP-9 form in which you may proceed in accordance with our policies and outlined in the institution supplement. The informal resolution process is not in any manner intended to prohibit you from pursuing complaints through this program. It is intended to ensure that all parties attempt to informally resolve an issue prior to initiating the formal process of filing an Administrative Remedy.

**SECTION 1**

Briefly state your specific complaint, recommended solution, and actions you have taken to resolve: (Please Print)

Page 2 Attached  
My complaint is about  
the safety in this unit. Because  
of unattended water on the floor  
and no wet floor signs to give  
you a warning I have a broke toe

**SECTION 2**

Date Received by Counselor for Response:

Summary of fact-finding:

See Attached informal resolution  
Attempt.

Actions taken to resolve informally:

Explain reasons for no resolution:

Date IRR form Issued to Inmate: 5-16-16

Unit Team Name (print): PDANS

Date IRR form Returned to Staff: 5-17-16

Unit Team Name (print): PDANS

Date Inmate Issued BP-9: 5-25-16

Unit Team Name (print): PDANS

Date Unit Manager/Camp Administrator Reviewed & Signature: [Signature]

**SECTION 3**

On \_\_\_\_\_ (date), this issue was informally resolved. Inmate Signature \_\_\_\_\_

Distribution: (1) If complaint is informally resolved, forward the original, signed and dated by the inmate, to the Correctional Counselor for filing. (2) If complaint is NOT informally resolved, forward original, attached to BP-9, to the Coordinator's office for processing by the Clerk.



5-17-16

Incident Occured April 13, 2016  
As I was walking from my room towards the microwave room I slipped and fell on the floor due to water that had been left unattended. Once I fell I couldn't get up immediately and the inmates called for the officer on duty. The officer asked what had happen I pointed to the water and explained to her I slipped on the water. She send me to medical, at medical they x-rayed my right foot since it was what hurt after the fall. The x-ray technician inform nurse Bailey that my big toe was broken; a day or two later Dr. Griffin confirmed what the technician had already said, my big toe on my right foot is broken. The safety in this unit is bad, This is the second time I have fallen on the floor and hurt myself →

because of water on the floor.  
In both occasions there was  
no wet floor signs to give  
a warning; now my toe is  
broken.



## INFORMAL RESOLUTION ATTEMPT

May 23, 2016

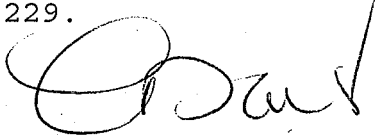
Winston, Yolanda  
Reg No.: 46154-424

BP 8

This is in response to the attached complaint in which you are complaining about the safety in this unit because of unattended water on the floor and no wet floor sign to give you a warning. You claim you have a broken toe due to an incident that occurred on April 13, 2016. You claim that you have fallen on the floor twice and hurt yourself.

In reference to your complaint of safety within the living areas. Wet floor signs are being utilized during work details. Safety is everyone's responsibility. You should report all unsafe conditions to staff members. In addition, it has been revealed and determined after your claim of falling the first time you did not communicate and/or bring this concern to Counselors nor Unit Managers, after your first incident. In not doing so, it did not afford the opportunity for Staff Members, such as; Counselors nor Unit Managers to address the issue.

You may appeal to the Warden on an Administrative Remedy Form BP-229.



T. Dawson, Correctional Counselor

5/23/16  
Date

May 26, 2016

The following statement is a follow-up to the 8½ filed on May 17, 2016 regarding the incident that caused my right foot big toe to be broken. As previously stated on the complaint, on the morning of April 13, 2016 around 9:30 AM. I slipped and fell and I consequently broke my big toe. There was no wet floor sign. This is not the first incident I reported regarding the safety of this unit. The first time I slipped and fell on unattended water was on June 11, 2015. On that occasion I was sent to medical and the incident was also brought to the attention of the counselor at that time (Ms Harvey). Ms. Harvey then gave me a 8½ which I filed and did not pursue it with a 9 since there was no serious injury produced nor was there a remedy on the 8½. There is enough on file to support my statement regarding both incidents, as well as camera recordings that will show what occurred on both dates and also show no wet floor signs were in place to warn me →

of a wet floor. In both instances the Officers and Counselors was made aware of the incidents and medical was involved each time, because the officers called medical and sent me over there. The first incident Ms. Harvey was made aware and she gave me the \$1/2. The second incident Ms. Dawson was made aware she gave me a tort claim to file.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Yolanda Winston 46154424 A3 Aliceville  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

This is a follow-up to the 8 1/2  
that I filed on May 17, 2016. I have attached  
a second page to this document, concerning  
my broken toe.

6-2-2016

~~5/27/2016~~ YW  
DATE

Yolanda Winston  
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 864481-F1

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: JUNE 7, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ALICEVILLE FCI

TO : YOLANDA WINSTON, 46154-424  
ALICEVILLE FCI UNT: A UNIT QTR: A03-120L  
P.O. BOX 445  
ALICEVILLE, AL 35442

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 864781-F1 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : JUNE 2, 2016  
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOU MUST PROVIDE MORE SPECIFIC INFORMATION (E.G. CASE NO.)  
ABOUT YOUR REQUEST/APPEAL SO THAT IT MAY BE CONSIDERED.

REMARKS : UNCLEAR: I/M CLAIMS NO WARNING SIGN LED TO INJURY  
NO RESOLUTION/NOT FILED IN TIMEFRAME

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Winston, Yolanda 46154424 4w A3 Aliceville  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

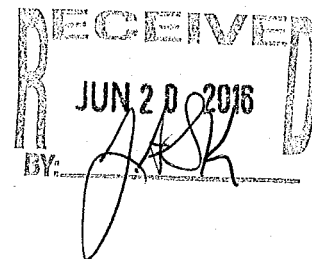
Part A- INMATE REQUEST

This is a follow-up to the 8 1/2 and the rejected 9 Please see the attached rejection letter, informal resolution attempt, 6 pages about incident.

6-13-2016  
DATE

Yolanda Winston  
SIGNATURE OF REQUESTER

Part B- RESPONSE



DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 867461-F1

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



June 13, 2016 <sup>yo</sup>

In response to the Rejection letter dated June 7, 2016. Concerning needing more specific information, please see and consider the following statement.

On June 11, 2015 and April 13, 2016 I fell on water inside my unit. Both times there was no Caution signs and the orderly in charge had not done her job to inspect the floor regularly for hazards or to clean as necessary.

The June 11, 2015 incident is being used as a reference however I do want to make a comment. The reply to the current BP-8 states I did not give "the opportunity for staff members, such as counselors nor unit staff managers to address the issue" That is incorrect because I did address it with the counselor at the time Ms. Harvey and filed a BP-8 in which there ➔

\*

2016

was no response. Neither Counselor Dawson nor Unit Manager Hill were employed at this facility at the time of the first incident so they could not be expected to address that issue at that time. I however do expect them to address the current issue of my current fall and subsequent circumstances.

On April 13, 2016 I was walking from my room to the microwave room and slipped on unattended water and there was no wet floor signs present to signal that there was a hazard so I would know to avoid the area so I wouldn't fall. There are camera recordings that will show what occurred.

The officer (Ms. Cousette) was notified she notified medical. At medical they did a assessment and X-rays and found I had a broken big toe. Per Dr. Griffin recommendation my two toes were buddy tape and



i was placed in a Supportive Shoe for seven weeks. The shoe has now been removed however there still is pain and i have a limp.

P 1600.09 10/31/07 Occupational Safety, Environmental Compliance, and Fire protection at AB: States AB: House Keeping Unit Team develops a house keeping plan to assign responsibilities for a clean and sanitary environment.

P. 5321.07 9/16/99 Unit Management Manual @ 17. States: Unit Sanitation: Each Unit Manager shall maintain a system to ensure the highest levels of sanitation are sustained. The Unit Manager and Correctional Service Staff share the responsibility for levels of unit sanitation.

P. 5251.06 10/11/2008 Inmate performance pay @ 5. Inmate work conditions @ 545.24 States:  
(a) the scheduled work day →

40f6

Ordinarily consists of a minimum of seven hours.

(C) An Inmate, regardless of assignment is expected to perform all assigned tasks diligently and conscientiously.

(d) An Inmate is expected to perform the work assignment in a safe manner, using safety equipment as instructed by the work supervisor.

Currently the unit orderly, hired by unit Counselor does her job only one time per day. She does not go back and check her work detail even though she is supposed to work a minimum of seven hours.

If the orderly performed her job duty diligently and conscientiously and periodically went back to her assigned area to look for hazards, such as water, a caution sign could have been

50F6

- in place untill she could have clean it up.

If Unit Staff and Correctional Staff are in charge of this then they should have a plan in place to make sure that unit orderlies are doing their jobs periodically instead of just once since they are hired for a full seven hours, to prevent further injuries and safety issues.

\* I want this issue resolved. I want orderlies to be held responsible for their job duties and to do their jobs more than one time per day. I want a plan implemented so unit staff knows its being done maybe a sign in sheet every hour after work is seen by officer. I want unit staff to be held responsible for the safety of this unit and when something happens to act on it in a timely manner. To date no plan has been implemented →

6 of 6

and nothing has been done to ensure the safety of this unit.

\* I do not want to fall again and further hurt myself a foot injury is permanent and I will have problems now for the rest of my life.

p 25. Inmate work conditions states:

**5. INMATE WORK CONDITIONS §545.24**

- a. The scheduled work day for an inmate in a federal institution ordinarily consists of a minimum of seven hours.**
- b. An inmate is expected to report to the place of assignment at the required time. An inmate may not leave an assignment without permission.**
- c. An inmate, regardless of assignment, is expected to perform all assigned tasks diligently and conscientiously. Disciplinary action may be taken against an inmate who refuses to work, who otherwise evades attendance and performance standards in assigned activities, or who encourages others to do so.**
- d. Work, vocational, and education programs are to meet the appropriate minimum standards for health and safety. Safety equipment is to be available where needed.**

Qualified staff (for example, the work supervisor) are to make weekly health and safety inspections of work, vocational, and education program areas. The Safety Officer is to make a monthly inspection of these areas.

- e. An inmate is expected to perform the work assignment in a safe manner, using safety equipment as instructed by the work supervisor. In the event of any work related injury, the inmate shall notify the work supervisor so that appropriate action (for example, medical attention, and submission of necessary reports) may be taken.**

**11. RESUBMISSION §542.17**

a. **Rejections.** The Coordinator at any level (CCM, institution, region, Central Office) may reject and return to the inmate without response a Request or an Appeal that is written by an inmate in a manner that is obscene or abusive, or does not meet any other requirement of this part.

b. **Notice.** When a submission is rejected, the inmate shall be provided a written notice, signed by the Administrative Remedy Coordinator, explaining the reason for rejection. If the defect on which the rejection is based is correctable, the notice shall inform the inmate of a reasonable time extension within which to correct the defect and resubmit the Request or Appeal.

P 1600:07 10/31/07 Occupational Safety,  
Environmental Compliance, and Fire Protection at  
AB's States ↓

AB. **HOUSEKEEPING.** The Safety Department and Unit Management team develop a housekeeping plan to assign responsibilities for a clean and sanitary environment.

manual @ 17. States  
↓

17. UNIT SANITATION. Each Unit Manager shall maintain a system to ensure the highest levels of sanitation are sustained. The Unit Manager and Correctional Services staff assigned to the unit share responsibility for the levels of unit sanitation.



REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: JUNE 29, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ALICEVILLE FCI

TO : YOLANDA WINSTON, 46154-424  
ALICEVILLE FCI UNT: A UNIT QTR: A03-120L  
P.O. BOX 445  
ALICEVILLE, AL 35442

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 867461-F1 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : JUNE 20, 2016  
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT SUBMIT PROPER NUMBER OF CONTINUATION PAGES  
WITH YOUR REQUEST/APPEAL. 2 - WARDEN'S LEVEL; 3 -  
REGIONAL LEVEL; AND 4 - CENTRAL OFFICE LEVEL. THE  
NUMBER CITED INCLUDES YOUR ORIGINAL.

REJECT REASON 2: SEE REMARKS.

REJECT REASON 3: YOUR REQUEST IS UNTIMELY. INSTITUTION AND CCC REQUESTS  
(BP-09) MUST BE RECEIVED W/20 DAYS OF THE EVENT COMPLAINED  
ABOUT.

REMARKS : I/M CLAIMS NO SIGNS NEAR WET FLOOR CAUSE INJURY  
REJECTED: NO COPY OF REJECTION LETTER STATED IN  
SUBMISSION, UNTIMELY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Yolanda Winston 46154424 A3 Aliceville  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

This is a follow-up to the BP8 and the rejected BP9 Please see the attached. BP8 Complaint, resolution. BP9 four complaint letters, rejection letters, four copies on policy 5251.06 four copies of policy 5321.07 four copies of policy 1600.09 and four more complaint letters.

July 5, 2016  
DATE

Yolanda Winston  
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 871678-F1

CASE NUMBER: \_\_\_\_\_

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



July 5, 2016

This is a response to the return of my BP9 remedy's return dated June 29, 2016. You stated that my request is untimely because it was not received w/20 days of the event complained about. However, it was within that time frame as the date of the incident I was filing on was the day I receive my BP9 remedy. The date the grievance was filed there was water on the floor and that is why it was filed because of the previous incident that resulted in my broken toe and my current problems are because of water and no wet floor signs.

I had brought this subject up after my broken toe and fully expected Unit Team to address the issue. However, to date nothing has changed. There are still no signs, the floors are left unattended, and water is still on the floors. It's to the point I fear for my safety that →

I might get re-injured. I have to constantly look down as I walk to make sure there's no water on the floor.

I filed a BPB on the date of the incident that I am complaining about. I have filed in a timely manner.

You sent me a rejection letter for my BP9 on 6-17-2016 saying I was unclear and untimely. I clarified it and resent my BP9 remedy.

Again you sent my BP9 remedy back on 6-29-2016. Stating I didn't send enough copies and untimely. I am sending the required copies and have addressed the untimely issue.

Also I tried to find something on the BP process and found no information in the A&O

Hand Book or on Unit Bulletin Boards or on any of your return rejection letters about how many days you must file within or about the process at all.

The A & D Hand Book should at least state where you can find the rules on the BP process. All it says is you can get the forms from Unit Team.

I am hoping this issue has been clarified to your satisfaction for review due to the Federal Holiday of July the 4<sup>th</sup> (2016) This reply has been turn in on the 5<sup>th</sup>. I hope there won't be any issue on untimely as there was no Unit Team available during the holiday.

Please state response time frame on every rejection.

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: AUGUST 8, 2016

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ALICEVILLE FCI

TO : YOLANDA WINSTON, 46154-424  
ALICEVILLE FCI UNT: A UNIT QTR: A03-120L  
P.O. BOX 445  
ALICEVILLE, AL 35442

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 871678-F1 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : AUGUST 8, 2016  
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOU DID NOT SUBMIT PROPER NUMBER OF CONTINUATION PAGES  
WITH YOUR REQUEST/APPEAL. 2 - WARDEN'S LEVEL; 3 -  
REGIONAL LEVEL; AND 4 - CENTRAL OFFICE LEVEL. THE  
NUMBER CITED INCLUDES YOUR ORIGINAL.

REMARKS : I/M CLAIMS NO SIGN NEAR FLOOR CAUSE INJURY  
-SEE REASON FOR REJECTION

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Winston, Yolanda M 46154-424 A3 Aliceville  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

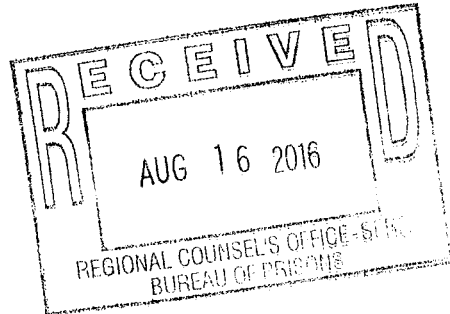
## Part A - REASON FOR APPEAL

I filed a BP9 and have not received a reply Policy 1330.18 states they have 20 calendar days to respond if I have not received a response consider it a denial. I have Email them and tried to give additional time to respond and I still have not receive a reply therefore I'm forwarding my request to you for a administrative rebif. Policy 1330.18 Dated 1/6/2014

8/8/2016  
DATE

Yolanda M. Winston  
SIGNATURE OF REQUESTER

## Part B - RESPONSE



DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

## Part C - RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



TRULINCS 46154424 - WINSTON, YOLANDA - Unit: ALI-A-C

---

FROM: 46154424

TO: A Unit Team

SUBJECT: \*\*\*Request to Staff\*\*\* WINSTON, YOLANDA, Reg# 46154424, ALI-A-C

DATE: 08/01/2016 08:00:14 AM

To: MS.Hill

Inmate Work Assignment: trash

I have not receive a response to my BP9 dated July 5,2016 per policy my 20 calander days are up August 1, 2016. Today is the 1st of august 2016.



TRULINCS 46154424 - WINSTON, YOLANDA - Unit: ALI-A-C

---

FROM: 46154424

TO: Warden

SUBJECT: \*\*\*Request to Staff\*\*\* WINSTON, YOLANDA, Reg# 46154424, ALI-A-C

DATE: 07/31/2016 03:16:52 PM

To: adducci

Inmate Work Assignment: trash

I have not receive a response to my BP-9 that was dated July ,5 2016 the 20 calendar days per policy will be up August 1,2016

## 2. RESPONSE TIME §542.18

If accepted, a Request or Appeal is considered filed on the date it is logged into the Administrative Remedy Index as received. Once filed, response shall be made by the Warden or CCM within 20 calendar days; by the Regional Director within 30 calendar days; and by the General Counsel within 40 calendar days. If the Request is determined to be of an emergency nature which threatens the inmate's immediate health or welfare, the Warden shall respond not later than the third calendar day after filing. If the time period for response to a Request or Appeal is insufficient to make an appropriate decision, the time for response may be extended once by 20 days at the institution level, 30 days at the regional level, or 20 days at the Central Office level. Staff shall inform the inmate of this extension in writing. Staff shall respond in writing to all filed Requests or Appeals. If the inmate does not receive a response within the time allotted for reply, including extension, the inmate may consider the absence of a response to be a denial at that level.

The date a Request or an Appeal is received in the Administrative Remedy index is entered into SENTRY as the "Date Rcv", and should be the date it is first received and date-stamped in the Administrative Remedy Clerk's office. Notice of extension ordinarily is made via SENTRY notice.

## 13. REMEDY PROCESSING

- a. **Receipt.** Upon receiving a Request or Appeal, the Administrative Remedy Clerk shall stamp the form with the date received

September 23, 2016

TO whom it may Concern:

This letter is in reference to a BP 10 that I, Yolanda Winston filed on August 8, 2016 for an administrative remedy. As of date of this letter I have not yet received a response to the forsaid BP 10; per policy 1330.18 dated January 6, 2014 which states that a response shall be made by the Regional Director within 30 days. The 30 days are now up. The purpose of this letter is to give notice that if within the next couple of days a response is not received in regards to the filed BP 10, I will consider it a denial per policy 1330.18 and subsequently proceed with a BP 11 for the appropriate administrative remedy.

Regards,  
Yolanda Winston  
Yolanda Winston

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: OCTOBER 5, 2016

JL

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
SOUTHEAST REGIONAL OFFICE

TO : YOLANDA WINSTON, 46154-424  
ALICEVILLE FCI UNT: A UNIT QTR: A03-120L  
P.O. BOX 445  
ALICEVILLE, AL 35442

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

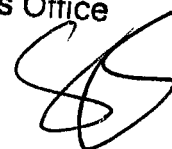
REMEDY ID : 867461-R1 REGIONAL APPEAL  
DATE RECEIVED : AUGUST 16, 2016  
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: CONCUR WITH RATIONALE OF REGIONAL OFFICE AND/OR INSTITUTION  
FOR REJECTION. FOLLOW DIRECTIONS PROVIDED ON PRIOR REJECTION  
NOTICES.

Received

— OCT 12 2016

Wardens Office



Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-229(13) and BP-230(13), including any attachments must be submitted with this appeal.

From: Winston, Yolanda 46154424 A3 Aliceville  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

## Part A - REASON FOR APPEAL

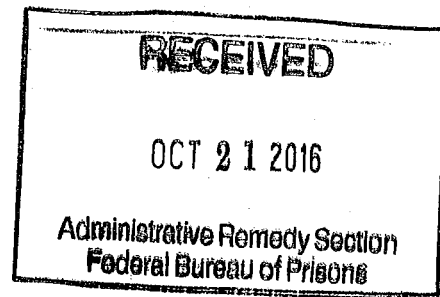
This is a follow-up to the BP10 that I filed on August 8th 2016. I have attached a second page to this document.

10-17-2016 yw

10-13-2016  
DATE

Yolanda Winston  
SIGNATURE OF REQUESTER

## Part B - RESPONSE



DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 867461-A1

## Part C - RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL



To whom it may concern:

This is in response to The BP 10 remedy response. It says it agrees with the findings of the other BP responses and gives me the right to appeal. I am appealing.

I filed my BP8 after a 2nd incident after breaking my toe due to negligence on the unit and almost falling a 2nd time. My remedy was w/in a timely manner.

\* I filed my BP9 and this facility didn't answer within a timely manner. I then filed my BP 10 according to policy 1330.18. I am now filing my BP 11, on time.

I slipped on water on my way to the microwave room which caused me to end up with a broken toe. However I did not file an BP8 at that time. I filed it after the 2nd incident because nothing had changed after speaking to my unit counselor. In no way did I file an out of time BP remedy.


I hereby file my BP 11. I enclose my entire case with all appropriate copies needed for your examination. My facts are clearly stated in the previous BP remedies, and I seek your relief.

Please review and let me know your findings. I would like to point out the only people who have been untimely are the ones who review my BP remedies. I have always filed on time.

Sincerely,  
Yolanda Winston  
Yolanda Winston

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 1, 2016

  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
CENTRAL OFFICE

TO : YOLANDA WINSTON, 46154-424  
TALLAHASSEE FCI UNT: B UNIT QTR: B04-291L  
501 CAPITAL CIRCLE, NE  
TALLAHASSEE, FL 32301

FOR THE REASONS LISTED BELOW, THIS CENTRAL OFFICE APPEAL  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 867461-A1 CENTRAL OFFICE APPEAL  
DATE RECEIVED : OCTOBER 21, 2016  
SUBJECT 1 : SAFETY, SANITATION, ENVIRONMENTAL CONDITIONS  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: CONCUR WITH RATIONALE OF REGIONAL OFFICE AND/OR INSTITUTION  
FOR REJECTION. FOLLOW DIRECTIONS PROVIDED ON PRIOR REJECTION  
NOTICES.

REJECT REASON 2: SEE REMARKS.

REMARKS : IF STAFF PROVIDE A MEMO STATING THE LATE FILING WAS  
NOT YOUR FAULT, THEN RE-SUBMIT TO THE LEVEL OF THE  
ORIGINAL REJECTION. GET HELP FROM UNIT TEAM.

FCI  
TAL

Received  
11/8/16  
DMC-CC

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: WINSTON, YOLANDA  
Date of Birth: 09/04/1969  
Encounter Date: 04/13/2016 11:03

Sex: F Race: BLACK  
Provider: Bailey, Sharon RN

Reg #: 46154-424  
Facility: ALI  
Unit: A03

Injury Assessment - Non-work related encounter performed at Health Services.

**SUBJECTIVE:**

**INJURY 1** Provider: Bailey, Sharon RN

Date of Injury: 04/13/2016 10:30

Date Reported for Treatment: 04/13/2016 11:03

Work Related: No

Work Assignment: AMWK TRASH

Pain Location: Foot-Right

Pain Scale: 7

Pain Qualities: Aching

Where Did Injury Happen (Be specific as to location):

B1

Cause of Injury (Inmate's Statement of how injury occurred):

slipped on water

Symptoms (as reported by inmate):

Right foot pain

**OBJECTIVE:**

**Temperature:**

| Date       | Time      | Fahrenheit | Celsius | Location | Provider          |
|------------|-----------|------------|---------|----------|-------------------|
| 04/13/2016 | 11:03 ALI | 98.2       | 36.8    | Oral     | Bailey, Sharon RN |

**Pulse:**

| Date       | Time      | Rate Per Minute | Location    | Rhythm | Provider          |
|------------|-----------|-----------------|-------------|--------|-------------------|
| 04/13/2016 | 11:03 ALI | 75              | Via Machine |        | Bailey, Sharon RN |

**Respirations:**

| Date       | Time      | Rate Per Minute | Provider          |
|------------|-----------|-----------------|-------------------|
| 04/13/2016 | 11:03 ALI | 16              | Bailey, Sharon RN |

**Blood Pressure:**

| Date       | Time      | Value  | Location | Position | Cuff Size     | Provider          |
|------------|-----------|--------|----------|----------|---------------|-------------------|
| 04/13/2016 | 11:03 ALI | 164/83 | Left Arm | Sitting  | Adult-regular | Bailey, Sharon RN |

**SaO2:**

| Date       | Time      | Value(%) | Air      | Provider          |
|------------|-----------|----------|----------|-------------------|
| 04/13/2016 | 11:03 ALI | 96       | Room Air | Bailey, Sharon RN |

**Weight:**

| Date       | Time      | Lbs   | Kg   | Waist Circum. | Provider          |
|------------|-----------|-------|------|---------------|-------------------|
| 04/13/2016 | 11:03 ALI | 181.4 | 82.3 |               | Bailey, Sharon RN |

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

**Skin**



## Health Services Clinical Encounter

Inmate Name: WINSTON, YOLANDA

Date of Birth: 09/04/1969

Encounter Date: 06/11/2015 19:55

Sex: F Race: BLACK

Provider: Bailey, Sharon RN

Reg #: 46154-424

Facility: ALI

Unit: A03

Injury Assessment - Non-work related encounter performed at Health Services.

**SUBJECTIVE:****INJURY 1**

Provider: Bailey, Sharon RN

Date of Injury: 06/11/2015 19:40

Date Reported for Treatment: 06/11/2015 19:55

Work Related: No

Work Assignment: PM D/R

Pain Location: Buttock

Pain Scale: 10

Pain Qualities: Throbbing

Where Did Injury Happen (Be specific as to location):

A3

Cause of Injury (Inmate's Statement of how injury occurred):

slipped in water

Symptoms (as reported by inmate):

pain around coccyx

**OBJECTIVE:****Temperature:**

| Date       | Time  | Fahrenheit | Celsius | Location | Provider |                   |
|------------|-------|------------|---------|----------|----------|-------------------|
| 06/11/2015 | 19:54 | ALI        | 98.3    | 36.8     | Oral     | Bailey, Sharon RN |

**Pulse:**

| Date       | Time  | Rate Per Minute | Location | Rhythm      | Provider          |
|------------|-------|-----------------|----------|-------------|-------------------|
| 06/11/2015 | 19:54 | ALI             | 87       | Via Machine | Bailey, Sharon RN |

**Respirations:**

| Date       | Time  | Rate Per Minute | Provider             |
|------------|-------|-----------------|----------------------|
| 06/11/2015 | 19:54 | ALI             | 18 Bailey, Sharon RN |

**Blood Pressure:**

| Date       | Time  | Value | Location | Position | Cuff Size | Provider                        |
|------------|-------|-------|----------|----------|-----------|---------------------------------|
| 06/11/2015 | 19:54 | ALI   | 147/87   | Left Arm | Sitting   | Adult-regular Bailey, Sharon RN |

**SaO2:**

| Date       | Time  | Value(%) | Air         | Provider          |
|------------|-------|----------|-------------|-------------------|
| 06/11/2015 | 19:54 | ALI      | 97 Room Air | Bailey, Sharon RN |

**Exam:****General****Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Alert and Oriented x 3, Appears in Pain

**Pulmonary****Observation/Inspection**

Yes: Within Normal Limits

**Cardiovascular**

\* Inmate Name: WINSTON, YOLANDA

Date of Birth: 09/04/1969

Encounter Date: 06/11/2015 19:55

Sex: F Race: BLACK

Provider: Bailey, Sharon RN

Reg #: 46154-424

Facility: ALI

Unit: A03

**Exam:**

**Observation**

Yes: Within Normal Limits

**ASSESSMENT:**

Initial assessment

~~Officer called to inform medical staff inmate had fallen.~~ Inmate reports she slipped in water in day room. Inmate states she landed on her tail bone and she is complaining of pain in that area. Inmate states she has Naproxen prescribed. Recently refilled. Advised inmate that if she has cracked her tail bone, there isn't any casting, splinting, or surgery to fix it. Advised inmate to take Naproxen as prescribe, to use a folded blanket to sit on to pad seats, will order x-ray for AM. Ice to area for pain relief. Inmate able to ambulate without assistance in health services.

**PLAN:**

**New Radiology Request Orders:**

| <u>Details</u>                                | <u>Frequency</u> | <u>End Date</u> | <u>Due Date</u> | <u>Priority</u> |
|---|------------------|-----------------|-----------------|-----------------|
| General Radiology-Sacrum - Coccyx-<br>General | One Time         |                 | 06/12/2015      | Routine         |

**Specific reason(s) for request (Complaints and findings):**

fell on tail bone

**Disposition:**

Follow-up at Sick Call as Needed

Follow-up in 12-24 Hours

**Patient Education Topics:**

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u>              |
|-----------------------|---------------|----------------------|-----------------|-----------------------------|
| 06/11/2015            | Counseling    | Plan of Care         | Bailey, Sharon  | Verbalizes<br>Understanding |

Take Naproxen, use ice 3-4 times day, return in AM for x-ray.

**Copay Required:** No

**Cosign Required:** Yes

**Telephone/Verbal Order:** Yes **By:** Griffin, Richard MD/CD

**Telephone or Verbal order read back and verified.**

Completed by Bailey, Sharon RN on 06/11/2015 20:10

Requested to be cosigned by Griffin, Richard MD/CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: WINSTON, YOLANDA  
Date of Birth: 09/04/1969  
Encounter Date: 04/14/2016 14:32

Sex: F Race: BLACK  
Provider: Griffin, Richard MD/CD

Reg #: 46154-424  
Facility: ALI  
Unit: A03

Physician - Evaluation encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1** Provider: Griffin, Richard MD/CD

**Chief Complaint:** Trauma/Injury

**Subjective:** fell and injured right great toe.

xray interpretation and my reading intra-articular chip fracture medial and lateral metatarsal and proximal phalangeal joint, non-displaced. This can not be nailed, Recommend ace wrap, medical stiff soled shoe for 6 weeks, bottom bunk for 6 weeks, Ibuprofen 800mg BID for 7 days  
digit alignment and neurovascular intact  
Inmate states does not want cast on foot.

**Pain:** Yes

**Pain Assessment**

**Date:** 04/14/2016 14:37  
**Location:** Toe-Great Right  
**Quality of Pain:** Aching  
**Pain Scale:** 7  
**Intervention:** bandage  
**Trauma Date/Year:**  
**Injury:**  
**Mechanism:**  
**Onset:** 1-2 Days  
**Duration:** 1-5 Hours  
**Exacerbating Factors:** activity  
**Relieving Factors:** rest  
**Comments:**

Dr. Griffin said I did not need a cast so I went with what he recommended that the toe be buddy taped to the other toe.

**OBJECTIVE:**

**Temperature:**

| Date       | Time      | Fahrenheit | Celsius | Location | Provider          |
|------------|-----------|------------|---------|----------|-------------------|
| 04/13/2016 | 11:03 ALI | 98.2       | 36.8    | Oral     | Bailey, Sharon RN |

**Pulse:**

| Date       | Time      | Rate Per Minute | Location    | Rhythm | Provider          |
|------------|-----------|-----------------|-------------|--------|-------------------|
| 04/13/2016 | 11:03 ALI | 75              | Via Machine |        | Bailey, Sharon RN |

**Respirations:**

| Date       | Time      | Rate Per Minute | Provider          |
|------------|-----------|-----------------|-------------------|
| 04/13/2016 | 11:03 ALI | 16              | Bailey, Sharon RN |

**Blood Pressure:**

| Date       | Time      | Value  | Location | Position | Cuff Size     | Provider          |
|------------|-----------|--------|----------|----------|---------------|-------------------|
| 04/13/2016 | 11:03 ALI | 164/83 | Left Arm | Sitting  | Adult-regular | Bailey, Sharon RN |

**Blood Glucose:**

| Date | Time | Value (mg/dl) | Type | Regular Insulin | Provider |
|------|------|---------------|------|-----------------|----------|
|------|------|---------------|------|-----------------|----------|

|  |   |   |   |                                       |                   |
|--|---|---|---|---------------------------------------|-------------------|
| <b>CLAIM FOR DAMAGE,<br/>INJURY, OR DEATH</b>  |   | INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.                |   | FORM APPROVED<br>OMB NO.<br>1105-0008 |                   |
| 1. Submit To Appropriate Federal Agency:<br><b>Central Office<br/>320 1st St NW<br/>Washington, DC 20534</b>   |   | 2. Name, Address of claimant and claimant's personal representative, if any.<br>(See instructions on reverse.) (Number, street, city, State and Zip Code)<br><b>Yolanda Winston # 46154424<br/>PO Box 4000<br/>Aliceville, AL 35442</b> |   |                                       |                   |
| 3. TYPE OF EMPLOYMENT<br><input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN  | 4. DATE OF BIRTH                          | 5. MARITAL STATUS   | 6. DATE AND DAY OF ACCIDENT<br><b>April 13, 2016</b>  | 7. TIME (A.M. or P.M.)<br><b>AM</b>   |                   |
| 8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)<br><br><b>I walked out of my room to go towards the microwave room and broke my toe in the unit when I slipped on water due to negligence on behalf of unit orderly in charge of the floors.</b> |   |   |   |                                       |                   |
| <b>9. PROPERTY DAMAGE</b>  |   |   |   |                                       |                   |
| NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)<br><br><b>N/A</b>  |   |   |   |                                       |                   |
| BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)<br><br><b>N/A</b>   |   |   |   |                                       |                   |
| <b>10. PERSONAL INJURY/WRONGFUL DEATH</b>  |   |   |   |                                       |                   |
| STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.<br><br><b>loss of function of right toe due to fall inside unit due to negligence of water on floor causing a fall and broken toe.</b>   |   |   |   |                                       |                   |
| <b>11. WITNESSES</b>   |   |   |   |                                       |                   |
| NAME   |   | ADDRESS (Number, street, city, State, and Zip Code)   |   |                                       |                   |
| <b>Officer Cousette</b>  |   | <b>PO Box 4000<br/>Aliceville, AL 35442</b>   |   |                                       |                   |
| <b>12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)</b>  |   |   |   |                                       |                   |
| 12a. PROPERTY DAMAGE<br><b>N/A</b>   | 12b. PERSONAL INJURY<br><b>\$ 250.000</b> | 12c. WRONGFUL DEATH<br><b>N/A</b>   | 12d. TOTAL (Failure to specify may cause forfeiture of your rights.)<br><b>250.000</b>  |                                       |                   |
| I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.  |   |   |   |                                       |                   |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)<br><b>Yolanda Winston</b>   |   |   | 13b. Phone number of signatory<br><b>N/A</b>  |                                       | 14. DATE OF CLAIM |
| CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM<br><br>The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)  |   |   | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS<br><br>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.) |                                       |                   |

\*  
Inmate Name: WINSTON, YOLANDA  
Date of Birth: 09/04/1969  
Encounter Date: 04/14/2016 14:32

Case 7:17-cv-01099-VEH-SGC Document 1 Filed 03/02/17 Page 53 of 55  
Sex: F Race: BLACK  
Provider: Griffin, Richard MD/CD

Reg #: 46154-424  
Facility: ALI  
Unit: A03

| Date       | Time      | Value (mg/dl) | Type        | Regular Insulin | Provider               |
|------------|-----------|---------------|-------------|-----------------|------------------------|
| 04/14/2016 | 06:34 ALI | 177           | Fasting     |                 | Bailey, Sharon RN      |
| 04/13/2016 | 17:36 ALI | 391           | Non-Fasting |                 | Potter, C. NRP/CCEMT-P |

**SaO2:**

| Date       | Time      | Value(%) | Air      | Provider          |
|------------|-----------|----------|----------|-------------------|
| 04/13/2016 | 11:03 ALI | 96       | Room Air | Bailey, Sharon RN |

**Weight:**

| Date       | Time      | Lbs   | Kg   | Waist Circum. | Provider          |
|------------|-----------|-------|------|---------------|-------------------|
| 04/13/2016 | 11:03 ALI | 181.4 | 82.3 |               | Bailey, Sharon RN |

**Exam:**

**Musculoskeletal**

**Ankle/Foot/Toes**

Yes: Edema R, Inflammation R, Erythema R, Tenderness R, Decreased Range of Active Motion R,  
Decreased Range of Passive Motion R

**Exam Comments**

right great toe

**ASSESSMENT:**

Fracture of toe(s), S92919S - Current - *right great toe* \*

**PLAN:**

**Disposition:**

Follow-up at Sick Call as Needed  
Follow-up in 2 Weeks

**Patient Education Topics:**

| Date Initiated | Format     | Handout/Topic          | Provider         | Outcome                  |
|----------------|------------|------------------------|------------------|--------------------------|
| 04/14/2016     | Counseling | Compliance - Treatment | Griffin, Richard | Verbalizes Understanding |

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Griffin, Richard MD/CD on 04/14/2016 14:44

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
 C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
 D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## INSTRUCTIONS

Complete all items - insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch  
 Civil Division  
 U.S. Department of Justice  
 Washington, DC 20530

and to the  
 Office of Management and Budget  
 Paperwork Reduction Project (1105-0008)  
 Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☒ No



46154-424

Yolanda M Winston  
46154-424  
Federal Correctional Institution  
501 Capital Circle No  
Tallahassee, FL 32301  
United States



46154-424

Clerk US District Court  
111 N Adams ST  
Suite 322  
Tallahassee, FL 32301  
United States